

## XYZ Insurance Company

## Consumer choice plan disclosure statement

**This health plan does not include the same level of benefits required in other plans.**

This PPO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans.

**To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."**

<b>Benefit/coverage:</b>	<b>This plan:</b>	<b>A health plan with required benefits (state-mandated plan):</b>
<b>Autism care</b> Autism spectrum disorder is a disorder that often affects how a person interacts with others and communicates.	Does not cover applied behavioral analysis. Each year, the plan has a limit on the number of sessions of: <ul style="list-style-type: none"> <li>• Speech therapy.</li> <li>• Occupational therapy.</li> <li>• Physical therapy.</li> </ul>	Has no limit on the amount of care that is ordered by your doctor as part of a treatment plan for autism.
<b>Substance use disorder treatment</b> Inpatient or outpatient care to treat a substance use disorder.	Does not cover any treatment for substance use disorder.	Must cover inpatient and outpatient care for substance use disorders in the same way the plan covers medical care to treat other types of health conditions.

**If you want a plan with all required benefits:**

We also offer a state-mandated plan that includes all required benefits.

To learn more about this plan, call 999-888-7777 or visit [www.XYZ-Insurance.com](http://www.XYZ-Insurance.com).

**By signing this form, you acknowledge the following:**

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, [www.tdi.texas.gov/consumer/consumerchoice.html](http://www.tdi.texas.gov/consumer/consumerchoice.html), or by calling the Consumer Help Line at 1-800-252-3439.

**Don't sign this document if you don't understand it.**

**No firme este documento si no lo comprende.**

**Print the name of the person applying:** \_\_\_\_\_

**Signature of the person applying:** \_\_\_\_\_

**Date of signature:** \_\_\_\_\_

**Name of business, if applicable:** \_\_\_\_\_

**XYZ Insurance Company must give you a copy of this statement upon request.**